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01/24/02

UTILITY PATENT APPLICATION TRANSMITTAL <i>(only for new non-provisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. ORT-1573	
		First Named Inventor or Application Identifier PLATA SALAMAN, Carlos	
		Express Mail No.	ET578164306US
APPLICATION ELEMENTS <i>See MPEP Chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Assistant Commissioner for Patents BOX PATENT APPLICATION Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (attached hereto in duplicate) 2. <input checked="" type="checkbox"/> Specification [Total Pages: 41] <i>(Preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets: 0] 4. Oath or Declaration <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Unexecuted original c. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional check boxes 5 and 16)</i> <input type="checkbox"/> Deletion of Inventor(s): Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) 5. <input type="checkbox"/> Incorporation by Reference (useable if Box 4c is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4c, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS <ul style="list-style-type: none"> 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 15. <input checked="" type="checkbox"/> Other: Express Mail Certification 	
16. <input type="checkbox"/> If a CONTINUING APPLICATION , check appropriate box and supply the requisite information: Amend the specification by inserting before the first line: This is a <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: _____, filed _____.			
17. If a DIVISIONAL APPLICATION , please cancel original Claims _____ of the prior application before calculating the filing fee.			
18. Correspondence Address: <input type="checkbox"/> Customer Number or Bar Code Label _____ or <input checked="" type="checkbox"/> Correspondence Address below: Name: Philip S. Johnson, Esq. Address: Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003, USA			
19. Telephone Contact: Please direct all telephone calls or tele-faxes to John W. Wallen, III at: Telephone: (858) 784-3239 Fax: (732) 524-2808			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
NAME	John W. Wallen, III, Esq. Reg. No. 35,403		
SIGNATURE		DATE	24 January 2002

FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	Not Assigned
	Filing Date	24 January 2002
	First Named Inventor	PLATA SALAMAN
	Group Art Unit	Not Assigned
	Examiner Name	Not Assigned
	Attorney Docket Number	ORT-1573

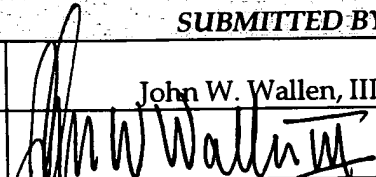
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE (\$710.00)
TOTAL CLAIMS	24 - 20 =	4	x 18.00	\$ 72.00
INDEPENDENT CLAIMS	4 - 3 =	1	x 80.00	\$ 80.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$ 862.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/ORT-1573/JWW in the amount of \$862.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ORT-1573/JWW. Three copies of this sheet are enclosed.

SUBMITTED BY:			<i>Complete (if applicable)</i>
Typed or Printed Name	John W. Wallen, III		Reg. No. 35,403
Signature		Date: 24 Jan. 2002	Deposit Account No. 10-0750

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Carlos PLATA SALAMAN and Virginia SMITH-SWINTOSKY
For: TREATMENT OF NEUROLOGICAL DYSFUNCTION COMPRISING
FRUCTOPYRANOSE SULFAMATES AND ERYTHROPOIETIN
Filed: 24 January 2002

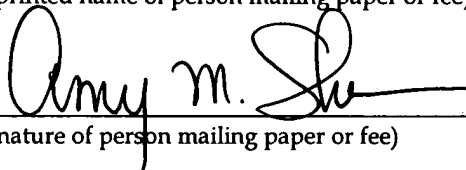
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"Express Mail" mailing number: ET578164306US
Date of Deposit: 24 January 2002

I hereby certify that this complete application, including specification pages, claims, and Declaration and Power of Attorney (unsigned), is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, DC 20231.

Amy M. Sheridan

(Typed or printed name of person mailing paper or fee)



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